#### DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

## **Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

#### **Facility Information**

Facility Name: CASA DE OAKES (0008972)

Address: E6846 FAWN VALLEY DR, REEDSBURG, WI 53959

**License Status: REGULAR** 

Licensed/Certified/Registered 11/01/2000

Regional Office: SOUTHERN REGION (MADISON), (608) 243-2370

#### **Survey History**

Survey ID: 0095243 End Date: 07/12/2005 Type: STANDARD Purpose: SURVEY

**Results: STATEMENT OF DEFICIENCY ISSUED** 

Statement of Deficiency: #10008250 Served 07/21/2005

		<u>Compliance</u>		
Deficiencies Cited	Subject Area	<u>Verified</u>	Corrected	
83.13(1)	PERSONNEL-JOB DESCRIPTIONS			
83.14(1)(a)	CLIENT RELATED TRAINING			
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING			
83.32(2)(a)2	ASSESSMENT OF MEDICATIONS TAKEN			
83.33(3)(e)2.a	WRITTEN ORDER TO ADMINISTER MEDICATIONS			

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

#### DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

**Provider Inspection Summary** 

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY)

Compliance

STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Survey ID: 0090524 End Date: 06/23/2003 Type: STANDARD Purpose: SURVEY

**Results:** ENFORCEMENT ACTION

Statement of Deficiency: #10007803 Served 06/27/2003

		Compilation	
Deficiencies Cited	Subject Area	<u>Verified</u>	Corrected
83.14(1)(c)	UNIVERSAL PRECAUTIONS	07/12/2005	Yes
83.14(3)	INITIAL TRAINING MEDICATIONS	07/12/2005	Yes
83.21(4)(w)	SAFE ENVIRONMENT	07/12/2005	Yes
83.41(10)(a)	BUILDING MAINTENANCE	07/12/2005	Yes
83.41(10)(b)	MECHANICALS IN GOOD REPAIR	07/12/2005	Yes

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

# DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

## **Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

### **Enforcement History**

Date: 06/26/2003 SOD #10007803 Appealed: No

**Sanctions** 

FORFEITURE---83.14(1)(b) FORFEITURE---83.14(3)

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.